| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 72 / 121 (check only one) X |
|---|-------------------------------|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may name and add | r not be sold or used by any persol lress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| PHYSICIAN HOSPITALS OF AMERIC | CA POLITICA | L ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Michael Russell | | | Date of Receipt |
| Mailing Address 1905 Donnybrook City | State | Zip Code | 1 2 0 7 2 0 0 7 Transaction ID: SA11Al.5365 |
| Tyler | TX | 75701 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 2000.00 |
| Name of Employer Azalea Orthopedics | Occupation Physician | | Contribution |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 2000.00 | |
| Full Name (Last, First, Middle Initial) Robert Sauers | l | | Date of Receipt |
| Mailing Address 2310 Highland Avenue | | | 07 17 2007 |
| City | State | Zip Code | Transaction ID: SA11Al.5126 |
| Bethlehem | <u>PA</u> | 18020 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1500.00 Contribution |
| Name of Employer Surg Specialty Ctr Coord Hlth. | Occupation CEO | | Contribution |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) James Scherrer | | | Date of Receipt |
| Mailing Address P.O. Box 6850 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.5217 |
| Rapid City | SD | 57709 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 2000.00 |
| Name of Employer Black Hills Orthopedics | Occupation Business | Director | Contribution |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 2000.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 5500.00 |
| TOTAL This Period (last page this line number | | | |